U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OLWO STATE OF THE PARTY OF THE						
1. File Number U - ZZZZ	2. Fiscal Year Covered From:					
	1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name Richard A Olson	Name Brotherhood of Locomotive Engineers					
	Labor Organization File Number OLG 388					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 4001 0 d Red TRAIL	Street 4001 alaked Tkail					
city Mandan	City MandaW					
State (V) ZIP Code + 4 (5 855 4)	State (N + D : ZIP Code + 4 58554)					
5. Position in labor organization.						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of						
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of					
monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name	on represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.					
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monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the					
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the					

Name of Person Filing	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name See Attachment	See Attachment			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZiP Code + 4				
13.b. Is the Business an Employer or Gonsultant?	14.b. Amount of payment. See Attachment			

Attachment "A" Form LM-30 (Labor Organization Officer and Employee Report) Fiscal Year: 01/01/2004 thru 12/31/2004

Reporting Labor Organization: BNSF/MRL GCA) Brotherhood of Locomotive Engineers and Trainmen (BLET-

Labor Organization Officer: Richard A. Olson (Local Chairman)

5-digit OLMS File Number:

None available at this time
Organization File Number:

2004LM-30

Ending Date of Reporting Period: 12/31/2004

report. The information shown below reflects the best good-faith estimate of value and occasion based upon personal recollection. *The purpose of this Attachment "A" is to furnish additional itemized information pertaining to Part C (Items 13 thru 14) of the Form LM-30

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Schlichter, Bogard & Denton 100 S. 4th St., Suite 900 St. Louis, MO 63102	Jones & Granger 10000 Memorial Drive, Suite 888 Houston, TX 77210	Ingebritson & Associates, P.A. 100 South Fifth Street, Suite 450 Minneapolis, MN 55402	Yaeger, Jungbauer, Barczak & Vucinovich, PLC. 745 Kasota Ave. Minneapolis, MN 55414	Rathmann, and O'Brien, L.L.C. 1031 Lami Street St. Louis, MO 63104	13a.Name and Address of Employer/Labor Relations Consultant
				Employer	13b.Business is an employer/Consultant
				7/1/04-Supper Banquet in conjunction with Union function, multiple sponsors	14a.Nature of Payment
Average of the				Union	TOO IN A SECTION OF SE
				In excess of \$25.00	14b. Amount of Payment